## CONTINENTAL SCHOOL DISTRICT Gifted Education REFERRAL AND PERMISSION FOR EVALUATION

<b>Student's</b> Last Name (Legal)		Student's	Student's First Name (Legal)		Student's ID Number	
Teacher		Grade	Gender	Student's Birth Date		
	(Circle of 3-Hispan	•	<b>1-</b> White, not Hispanic n/Alaskan Native <b>5</b> –2	2–African American Asian/Pacific Islander		
Student's Permanent Home Address				Zip Code	Home Telephone	
Student's <u>Mailing</u> Address if Different				Zip Code		
Father/Stepfather/Guardian				Work or Cell Telephone		
Mother/Stepmother/Guardian				Work or C	Work or Cell Telephone	
Yes No - my ch	ild is Spanish a	lominant or bilingual	(Spanish)			
Students with <u>disabilitie</u>	<u>s</u> who have a 5	04 or IEP <u>may</u> be elig	tible for certain testing	accommodations as defined	in their plan.	
My child has a current	IEP	(Individual Education	al Plan) 5	04 Student Accommodation	Plan	

Your child has been recommended to be evaluated for possible placement in the Gifted Education Program. Prior to any placement in the Program, you will receive written notification. As parents, you have rights concerning your child's education. Some of these rights include: (1) having access to the education records of your child; (2) granting or withholding permission to conduct an evaluation of your child; (3) granting or withholding permission for a gifted education placement; (4) confidentiality of records; (5) requesting a review if there is a disagreement about the appropriateness of matters related to the education of your child.

- 1. Your child may be evaluated using the Cognitive Abilities Test and/or the Naglieri Nonverbal Abilities Test 2(NNAT 2), or the Otis Lennon School Ability Test 8 (OLSAT 8).
- 2. Placements will be determined based on assessment data.
- 3. Placement in the Gifted Education program is dependent on CSD gifted education test results that are CURRENT (scores obtained within the past two years).
- 4. Parents will be notified if their child Qualifies or Does Not Qualify for the Gifted and Talented education program.

This referral has been explained to me. I have had the opportunity to ask questions about the above information and I understand what it means and give my permission for the evaluation for possible placement in the Gifted Education program.

Signature of Parent/Guardian (*required*) Date:

9/12